COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL021490 US

As a below named inventor, I he	ereby declare that:			
My residence, post office addre	ess and citizenship are as state	ed next to my name.		
I believe I am the original, first a plural names are listed below) of entitled: "A method and a the specification of which (check	of the subject matter which is device for laser spot we	name is listed below) or an original, firs claimed and for which a patent is soug elding"	st and joint inventor (if ht on the invention	
is attached hereto.				
was filed as United States a	pplication			
Serial No		-		
on				
and was amended				
on				
	al application			
	агаррисацоп			
Number <u>PCI/1B2003/0000/6</u>				
on 19 December 2003				
and was amended under PCT	Article 19			
on (if applicable).				
I hereby state that I have review claims, as amended by any amende		nts of the above-identified specification	n, including the	
I acknowledge the duty to discle Title 37, Code of Federal Regul		rial to the examination of this application	on in accordance with	
or inventor's certificate or of any States of America listed below a any PCT international application	y PCT international application and have identified below any on(s) designating at least one	States Code, § 119 of any foreign apple (s) designating at least one country of foreign application(s) for patent or invocuntry other than the United States of	ther than the United entor's certificate or if America filed by me	
on the same subject matter hav	ring a filing date before that of	the application(s) of which priority is c	laimed:	
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 119:		
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119	
Europe	020280627.9	20 December 2002	YES	
		J.S. DEPARTMENT OF COMMERCE -Patent a	Ind Trademarks Office	

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorneys Docket Number PHNL021490 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

	FULL NAME OF INVENTOR	FAMILY NAME DUNIAS	FIRST GIVEN NAME Paraskevas	SECOND GIVEN NAME	
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. HolsItaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands	
		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
202	FULL NAME OF INVENTOR	BLOM	Antonius	Hermanus Maria	
	RESIDENCE & CITIZENSHIP			COUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME VAN ENGEN	FIRST GIVEN NAME Pieter	SECOND GIVEN NAME Geert	
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	CITY 5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands	
204	FULL NAME OF INVENTOR	FAMILY NAME HEINKS	FIRST GIVEN NAME Carsten	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands	
	FULL NAME OF INVENTOR	DE KOK	FIRST GIVEN NAME Cornelis	SECOND GIVEN NAME Josephus Gerardus Maria	
205	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands	
206	FULL NAME OF INVENTOR	FAMILY NAME HOVING	FIRST GIVEN NAME Willem	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE/COUNTRY The Netherlands	
207	FULL NAME OF INVENTOR	FAMILY NAME DIJKEN	FIRST GIVEN NAME Durandus	SECOND GIVEN NAME Kornelius	
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands	COUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven	STATE & ZIP CODE COUNTRY The Netherlands	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR 202 SIGNATURE OF INVENTOR 201 DATE DATE DATE 22 July 2004 22 July 2004 22 July 2004 SIGNATURE OF INVENTOR 206 SIGNATURE OF INVENTOR 205 SIGNATURE OF INVENTOR 204 DATE DATE DATE 22 July 2004 22 July 2004 SIGNATURE OF INVENTOR 207 U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office July 1994) DATE

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL021490 US

, I hereby declare that:		
ddress and citizenship are as state	ed next to my name.	
w) of the subject matter which is of a device for laser spot we	claimed and for which a patent is s	
es application		
•		
·		
CT Article 19		
		(if applicable).
	ents of the above-identified specific	cation, including the
	rial to the examination of this appli	cation in accordance with
f any PCT international application low and have identified below any ication(s) designating at least one	n(s) designating at least one count foreign application(s) for patent or country other than the United Stat	try other than the United r inventor's certificate or tes of America filed by me
PLICATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 11	19:
APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
020280627.9	20 December 2002	YES
	irst and sole inventor (if only one row) of the subject matter which is of a device for laser spot we check only one item below): es application CT Article 19 eviewed and understand the context amendment referred to above. disclose information which is matext and plications, § 1.56(a). ity benefits under Title 35, United of any PCT international application low and have identified below any ideation(s) designating at least one realization and application and have identified before that of PLICATION(S) AND ANY PRIOR APPLICATION NUMBER	didress and citizenship are as stated next to my name. First and sole inventor (if only one name is listed below) or an original only of the subject matter which is claimed and for which a patent is sole and device for laser spot welding. Fisheck only one item below): Best application Fig. 2007 CT Article 19 Eviewed and understand the contents of the above-identified specifically amendment referred to above. Stisclose information which is material to the examination of this applications, § 1.56(a). Fig. 31.56(a). Fig. 32. United States Code, § 119 of any foreign if any PCT international application(s) designating at least one countlow and have identified below any foreign application(s) for patent of ciation(s) designating at least one countlow and have identified below any foreign application(s) of which priority reviewed and application (s) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 17 APPLICATION NUMBER DATE OF FILING DAY, MONTH, YEAR

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

Attorneys Docket Number PHNL021490 US

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222

	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
201		DUNIAS	Paraskevas	OCCUPATION OF CITATION OF	
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		Eindhoven	The Netherlands	The Netherlands STATE & ZIP CODE/COUNTRY	
POST OFFICE ADDRESS		POST OFFICE ADDRESS	CITY		
		Prof. HolsItaan 6	5656 AA Eindhoven	The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
		BLOM	Antonius	Hermanus Maria	
202	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		Eindhoven	The Netherlands	The Netherlands STATE & ZIP CODE/COUNTRY	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY		
		Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
		VAN ENGEN	Pieter	Geert	
:03	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
		Eindhoven	The Netherlands	The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands	
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	INVENTOR	HEINKS	Carsten		
04	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	CITIZENSHIP	Eindhoven	The Netherlands	Germany	
	POST OFFICE POST OFFICE ADDRESS		CITY	STATE & ZIP CODE/COUNTRY	
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands	
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	INVENTOR	DE KOK	Cornelis	Josephus Gerardus	
				Maria	
205	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
.00		Eindhoven	The Netherlands	The Netherlands	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands	
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	INVENTOR	HOVING	Willem		
206	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
-00	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands	
	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
	INVENTOR	DIJKEN	Durandus	Kornelius	
	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
207	CITIZENSHIP	Eindhoven	The Netherlands	The Netherlands	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE COUNTRY	
	ADDRESS	Prof. Holstlaan 6	5656 AA Eindhoven	The Netherlands	
	<u>l</u>	FIOI. HUISHAAH O	1 2020 AA EIIIGIIOVEII	The Hellie Hallus	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

DATE

DATE

DATE

DATE

DATE

SIGNATURE OF INVENTOR 206

DATE

SIGNATURE OF INVENTOR 207

DATE

DATE

DATE

29 July 2004

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

July 1994)

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

3/ UF	by revoke all previous powers of attorne R 3.73(b).	y given in the applic	ation identified	in the attached stat	ement under
I heret	y appoint:				
X P	ractitioners associated with the Customer Numbe	r: 247	37		
□ P	ractitioner(s) named below (if more than ten pater	nt practitioners are to be	named, then a cus	stomer number must be u	sed):
	Name	Registration Number		Name	Registration Number
┞					
					
-					-
-			V		
as attorn	ey(s) or agent(s) to represent the undersigned be	efore the United States P	atent and Tradema	ark Office (USPTO) in cou	nection with
any and	all patent applications assigned <u>only</u> to the under to this form in accordance with 37 CFR 3.73(b).	signed according to the t	JSPTO assignmer	nt records or assignment	documents
Please o	hange the correspondence address for the applic	ation identified in the atta	iched statement u	nder 37 CFR 3.73(b) to:	
The address associated with Customer Number:					
F	rm or				
Individual Name Address					
City		State		Zip	
Country					
Teleph	one		Fax		
Assignee	Name and Address:				
				TRONICS N.V.	
Groenewoudseweg 1					
5621 BA Eindhoven, The Netherlands					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.					
		ATURE of Assignee of			
		e is supplied below is at		behalf of the assignee	
Signature	Milled E. H.	aur		Date 14 Janua	ry 2005
Name	Michael E. Marion			Telephone (914)	333-9637
Title	Authorized Representa	tive			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

10/539322 JC09 Rec'd PCT/PTO 15 JUN 2005

PTO/SB/96 (08-03)
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STATEM	ENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronics	N.V.
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
Entitled: A METHOD AND A DEVICE FOR LASER SP	OT WELDING
Koninklijke Philips Electronics N.V. (Name of Assignee)	, a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1. the assignee of the entire right, title, and intere	st; or
2. an assignee of less than the entire right, title an The extent (by percentage) of its ownership int in the patent application/patent identified above by vi	erest is ———— %
A. [] An assignment from the inventor(s) of the pate in the United States Patent and Trademark Offiattached.	ent application/patent identified above. The assignment was recorded ce at Reel, Frame, or for which a copy thereof is
OR	
B. [] A chain of title from the inventor(s), of the pater below:	nt application/patent identified above, to the current assignee as shown
	ed States Patent and Trademark Office at, or for which a copy thereof is attached.
2. From:	To:
	ed States Patent and Trademark Office at , or for which a copy thereof is attached.
3. From:	To: ed States Patent and Trademark Office at
Reel, Frame	ed States Patent and Trademark Office at, or for which a copy thereof is attached.
[] Additional documents in the chain of title	e are listed on a supplemental sheet.
	ment document or a true copy of the original document) ordance with 37 CFR Part 3, if the assignment is to be
The undersigned (whose title is supplied below) is au	·
Date	Frank Keegan, Reg. 50,145 Typed or printed name
(914) 333-9669	Trank Degr
Telephone number	Signature
	Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.